## PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

annronriate All further c	form should be used for tran orrespondence including the labelow or directed otherwise ons.	Patent advance or	ters and notificate	on of maintenance fees	will be mailed to the current	t correspondence address as
CURRENT CORRESPONDE	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
	7590 01/10/2005				te of mailing or transmission.	(Chances
MCNAIR LAW FIRM, PA				Ce I hereby certify that t	rtificate of Mailing or Tran	smission ( )
P.O. BOX 10827 GREENVILLE, SC 29603-0827				States Postal Service	with sufficient postage for fi	ng deposited with the United rst class mail in an envelope s above, or being facsimile
GREENVILLE, S	SC 29003-0827			transmitted to the US	PTO (703) 746-4000, on the	date indicated below.
			<u> </u>	Nata	lva DeVries	(Depositor's name)
EV612874965US			Z	Nata	Ge Oldner	(Signature)
* •			) -	04/0	7/2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,911	06/25/2003	Charles H. Burde		dette	BURDET IE 035303302	4353
TITLE OF INVENTION: SURGICAL CHUCK KEY					60210-234	
TITLE OF INVENTION.	boxolenia endek ka				•	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	BE .	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	-	1400	\$300 04/11/20	NAS DEMMONIS AAAAAAAA	10603911 1/2005
EXAMINER		ARTIN			005 DEMMANU2 00000018	4488 88 88
TALBOT, MICHAEL		3722		CLASS-SUBCLASSFC:1 279-1470002 FC:1	זענ	1400.00 OP 300.00 OP
				on the patent front page,	001	30.00 OP
CFR 1.363).	nce address or indication of F	ee Address (37	of up to 3 registered pate		1 & Howard	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OK, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	ID RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (pri	nt or type)		· · · · · · · · · · · · · · · · · · ·
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Burmon, Inc. Woodruff, South Carolina						
Please check the appropria	ate assignee category or catego	ories (will not be pri	inted on the patent	): 🗖 Individual 🙀 (	Corporation or other private g	roup entity Government
4a. The following fee(s) are enclosed: 4b. Paym				s):		
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies10			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
	us (from status indicated above SMALL ENTITY status. See				ALL ENTITY status. See 37 (	CFR 1.27(g)(2).
The Director of the USPT NOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Iss Publication Fee (if required) ecords of the United States Pat	ue Fee and Publicate will not be accepted ent and Tradentark				
Authorized Signature	William	Son	oller	Date <u>0 4</u>	/07/2005	<del></del>
Typed or printed name <u>William H. Honaker</u>			Registration No. 31, 623			
This collection of informa an application. Confidenti submitting the completed this form and/or suggestion	ation is required by 37 CFR 1.3 lality is governed by 35 U.S.C application form to the USPT ons for reducing this burden, s	311. The information. 122 and 37 CFR TO. Time will vary hould be sent to the	n is required to ob 1.14. This collection depending upon to Chief Information	tain or retain a benefit by on is estimated to take 12 he individual case. Any on Officer, U.S. Patent an	the public which is to file (at minutes to complete, includ- comments on the amount of the d Trademark Office, U.S. De	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O.

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.